Cour	ıty:
CCS	Co

Count	ty:																
CCS (Cost Worksheet for Medicaid S	ervices	1														
Provided in Calendar Year 2006 Paid through																	
	mber 30, 2006																
Line\Col	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
			Prior Year's									T-1-1 0		Total	T-1-1 0	FFP Individual	FFP
			Actual Costs							Unit of	Cost per	Total Group Clients		Individual Rate (Includes	Total Group Rate	Rate	Group
			(not required in	Current Year's	Current Year's		Total	Total Activity	Units of	Service	unit	(duplicated	Total Group	County's	(Includes	(Bill to	Rate (Bill
	Service Description	2	first year)	Actual Costs	Actual Hours	Percent	Indirect	Costs	Service	Description	service	count)	Sessions	share)	County's share)	Medicaid)	to Medicaid)
				County's	County's				County's			County's	County's				
			County's Financial Records	Financial Records	Financial Records	Col 4, Col 5 or Col 9/ total	Col 4	Col 4 + Col 7	Billing Records		Col 8 / Col	Billing Records	Billing Records	Col 10	Col 10 x (Col 11/Col 12)	EED v Col 10	FFP x Col 10 x (Col 11/Col 12)
			r irianciai Records	Recolus	Records	COI 9/ IOIAI	C0I 4	C014 + C017	Recolus		3	Records	Recolus	COLIO	11/00/12)	FFF X COI 10	(COI 11/COI 12)
SERVICE	A (County Staff Model)	1															
A 1	INDIRECT COSTS	•				1											
A 2	Indirect Service Staff	Administrative]											
A 3		Supervisory															
A 4 A 5		Other (Interpreter)															
A 6	Total Other Indirect	Other (interpreter)															
A 7	Total Indirect		s -	\$ -	-	Hours	\$ -	1									
A 8	DIRECT COSTS																
A 9	Direct staff	M.D.				0%	-	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
A 10		APNP				0%	-	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
A 11		Ph.D.				0%	-	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
A 12		Masters				0%	-	\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
A 13		Bachelors				0%		\$ -			\$ -			\$ -	\$ -	\$ -	\$ -
A 14		Peer Specialist				0%		\$ -			\$ -			\$ -	\$ -		\$ -
A 15		Rehabilitation Worker	•			0%		\$ -			\$ -			\$ -			\$ -
A 16		Other (Purchased Svs) Total	\$ - \$ -	s -		0%		\$ - \$ -			\$ - \$ -			\$ -			\$ - \$ -
A 17 A 18	Purchased service	Purchased Service 1	*	\$ -	-	0%	-	\$ -						\$ - \$ -			\$ -
A 18 A 19	Purchased service	Purchased Service 1 Purchased Service 2	\$ -		-						\$ - \$ -			\$ - \$ -	\$ - \$ -	\$ -	\$ -
A 20		Purchased Service 2			-			s -			\$ -			\$ -	\$ -	\$ -	
A 21		Total	s -	\$ -				-			φ -			φ -	φ -	Ψ -	-
A 22	Sub-total			\$ -													
	B (Residence Model)					•											
B 1	INDIRECT COSTS																
B 2 B 3	Indirect Service Staff	Administrative															
B 4		Supervisory Clerical															
B 5		Other															
B 5 B 6	Total Other Indirect							_									
B 7	Total Indirect		\$ -	\$ -	-	Not Used	\$ -										
B 8	DIRECT COSTS	I					_			1				1 -	1 -		
B 9	Direct staff	Residence staff				0%					\$ -			\$ -		\$ -	\$ -
B 10	Facility Costs	Operating Costs				0%					\$ -			\$ -	\$ -	\$ -	\$ -
B 11 B 12	Total Direct	Space Costs	s -	\$ -		0% 100%		s -			\$ - \$ -	-		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -
B 12	Sub-total			\$ -		100%	φ -	-			φ -			φ -	φ -	Ψ -	-

County:

Count												
CCS (Cost Worksheet for Medicaid Se	ervices										
Provid	ded in Calendar Year 2006 Paid	through	ANNUAL RECONCILIATION PROCESS									
		unougn										
	mber 30, 2006	2	18	19	20	24	22	23				
Line\Col	1	2	10	19	20	21	22	23				
			Total									
			Individual	Total Group	Total	Total	Difference					
			Medicaid	Medicaid	Medicaid	Medicaid	between Cost	Percent				
	Service Description	2	Units Paid	Units Paid	Cost	Paid	and Paid	Difference				
			County's Billing	County's	Col 16 x Col 18 +Col 17 x	County's Billing		Col 22 /Col				
			Records	Billing Records	Col 19	Records	Col 20 - Col 21	21				
SERVICE	A (County Staff Model)											
A 1	INDIRECT COSTS											
A 2	Indirect Service Staff	Administrative]									
A 3		Supervisory										
A 4 A 5		Clerical										
A 6	Total Other Indirect	Other (Interpreter)										
A 7	Total Indirect											
A 8	DIRECT COSTS		1									
A 9	Direct staff	M.D.			\$ -		\$ -	0%				
A 10		APNP			\$ -		\$ -	0%				
A 11		Ph.D.			\$ -		s -	0%				
A 12		Masters			\$ -		s -	0%				
A 13		Bachelors			\$ -		\$ -	0%				
A 14		Peer Specialist			\$ -		\$ -	0%				
A 15		Rehabilitation Worker			\$ -		\$ -	0%				
A 16		Other (Purchased Svs)			\$ -		\$ -	0%				
A 17		Total			\$ -		\$ -	0%				
A 18	Purchased service	Purchased Service 1			\$ -		\$ -	0%				
A 19		Purchased Service 2			\$ -		\$ -	0%				
A 20		Purchased Service 3			\$ -		\$ -	0%				
A 21		Total										
A 22	Sub-total				\$ -	\$ -	\$ -	0%				
e E DVICE	B (Residence Model)	Ī										
B 1	, ,											
В1 В2	INDIRECT COSTS Indirect Service Staff	Administrative	1									
B 3	munect Service Stan	Supervisory										
B 4		Clerical	1									
B 5		Other]									
B 6	Total Other Indirect											
B 7	Total Indirect		4									
B 8	DIRECT COSTS	Davidson staff		1	•							
B 9	Direct staff	Residence staff			\$ -		\$ -	0%				
B 10	Facility Costs	Operating Costs			\$ -		\$ -	0%				
B 11 B 12	Total Direct	Space Costs			\$ - \$ -		\$ - \$ -	0% 0%				
B 12 B 13	Sub-total				\$ - \$ -	\$ -	\$ - \$ -	0%				
טוט	Oub-total				Ψ	Ψ		0%				

County:

Federal Financial Participation (FFP)

Count	ty:																
CCSC	Cost Worksheet for Medicaid Se	ervices	1														
Provid	ded in Calendar Year 2006 Paid	through															
Septe	mber 30, 2006																
Line\Col	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
														Total		FFP	
			Prior Year's									Total Group		Individual	Total Group	Individual	FFP
			Actual Costs							Unit of	Cost per	Clients		Rate (Includes	Rate	Rate	Group
			(not required in	Current Year's	Current Year's		Total	Total Activity	Units of	Service	unit	(duplicated		County's	(Includes	(Bill to	Rate (Bill
	Service Description	2	first year)	Actual Costs	Actual Hours	Percent	Indirect	Costs	Service	Description	service	count)	Sessions	share)	County's share	Medicaid)	to Medicaid)
				County's	County's				County's			County's	County's				
			County's	Financial	Financial	Col 4, Col 5 or			Billing		Col 8 / Col	Billing	Billing	0.140	Col 10 x (Col	EED 0.140	FFP x Col 10 x
			Financial Records	Records	Records	Col 9/ total	Col 4	Col 4 + Col 7	Records		9	Records	Records	Col 10	11/Col 12)	FFP x Col 10	(Col 11/Col 12)
CEDVICE	C (Unified Service Model)	1															
						•											
C 1 C 2	INDIRECT COSTS	A declaration				-											
C 3	Indirect Service Staff	Administrative Supervisory															
C 4		Clerical															
C 5		Other															
C 6	Total Other Indirect																
C 7	Total Indirect		\$ -	\$ -	-	Not Used	\$ -										
C 8	DIRECT COSTS																
C 9	Direct staff	M.D.	\$ -			0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 10		Ph.D.				0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 11		Masters	\$ -			0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 12		Rehabilitation worker				0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 13		Peer Specialist	\$ -			0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 14		Contracted				0%	\$ -				\$ -			\$ -	\$ -	\$ -	\$ -
C 15		Total		\$ -	-	100%	\$ -	s -			\$ -			\$ -	\$ -	\$ -	\$ -
C 16	Sub-total		\$ -	\$ -			1			_						-	
		_															
SERVICE	D (Purchased Service Model)					_											
D 1	INDIRECT COSTS	•															
D 2	Indirect Service Staff	Administrative															
D 3		Supervisory															
D 4		Clerical															
D 5 D 6	Total Other Indirect	Other				1											
D 7	Total Indirect		s -	\$ -		Direct Cost	S -										
D 8	DIRECT COSTS			_		500. 0031	-										
D 9	Total Direct	Purchased Service 1				0%	s -	s -			\$ -			\$ -	s -	\$ -	\$ -
D 10		Purchased Service 1				0%		s -			\$ -		 	\$ -	\$ -	\$ -	\$ -
D 10		Purchased Service 3				0%		s -			\$ -		 	\$ -		\$ -	\$ -
D 12		Purchased Service 3				0%		s -		1	•		1	\$ -	\$ -	\$ -	\$ -
D 12		Total		\$ -		0%		s -			\$ - \$ -			\$ -	\$ -	\$ -	\$ -
D 13 D 14	Sub-total	TOTAL	S -	\$ -		0%	ф -	, ·	<u> </u>		φ -		<u> </u>	Φ -	Φ -	, -	
U 14	Jub-total		9	φ -													

County:

Count											
CCS C	Cost Worksheet for Medicaid S	ervices									
Provid	ded in Calendar Year 2006 Paid	l through	ANNUAL RECONCILIATION PROCESS								
		unougn									
	mber 30, 2006		40	10	- 00	04	00	- 00			
Line\Col	1	2	18	19	20	21	22	23			
			Total Individual	T-1-1 0	Total	Total	Difference				
			Medicaid	Total Group Medicaid	Medicaid	Medicaid	between Cost	Percent			
	Service Description	2	Units Paid	Units Paid	Cost	Paid	and Paid	Difference			
	Corrido Boson puen	_			Col 16 x Col	County's					
			County's Billing	County's	18 +Col 17 x	Billing		Col 22 /Col			
			Records	Billing Records	Col 19	Records	Col 20 - Col 21	21			
	C (Unified Service Model)	1	1								
C 1	INDIRECT COSTS]								
C 2	Indirect Service Staff	Administrative									
C 3 C 4		Supervisory Clerical									
C 5		Other									
C 6	Total Other Indirect	Otrici									
C 7	Total Indirect										
C 8	DIRECT COSTS	_	1								
C 9	Direct staff	M.D.			\$ -		\$ -	0%			
C 10		Ph.D.			\$ -		\$ -	0%			
C 11		Masters			\$ -		\$ -	0%			
C 12		Rehabilitation worker			\$ -		\$ -	0%			
C 13		Peer Specialist			\$ -		\$ -	0%			
C 14		Contracted			\$ -		\$ -	0%			
C 15		Total			\$ -		\$ -	0%			
C 16	Sub-total				\$ -	\$ -	\$ -	0%			
		7									
	D (Purchased Service Model)										
D 1	INDIRECT COSTS										
D 2 D 3	Indirect Service Staff	Administrative									
D 3		Supervisory Clerical									
D 5		Other									
D 6	Total Other Indirect		i								
D 7	Total Indirect										
D 8	DIRECT COSTS										
D 9	Total Direct	Purchased Service 1			\$ -		\$ -	0%			
D 10		Purchased Service 2			\$ -		\$ -	0%			
D 11		Purchased Service 3			\$ -		\$ -	0%			
D 12		Purchased Service 4			\$ -		\$ -	0%			
D 13		Total			\$ -		\$ -	0%			
D 14	Sub-total				\$ -	\$ -	\$ -	0%			
	Federal Florancial Posticionation (FFF)						1.6				
	Federal Financial Participation (FFP)			\$ -	\$ -	\$ -	0%				